	Under the Pape	rwork Reduction Act of	1995, no person ar	e required to	respond to a collect	ion of informat	ion unless it display	s a valid OMB o	ontrol number
Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10		10/700,387-Conf. #5821		
FEE TRANSMITTAL					Filing Date N		November 4, 2003		
For FY 2005					First Named Inventor A		Alex LOBOVSKY		
FOF FT 2005				Examiner Name J.		J. Fiorito			
	Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1754	54		
TOTAL AMOUNT OF PAYMENT (\$			(\$) 120.0	00			H0001674D1-1160 (2929-0240P)		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify)									
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		FI	LING FEES		ARCH FEES		NATION FEES	3	
l 🗚	plication Typ	ne Fee (\$	Small Entit Fee (\$)	Y Fee (\$	Small Entity Fee (\$)	L Fee (\$)	Small Entity Fee (\$)	Fees P	ald (E)
Utility		300	150	500	250	200	100	rees r	aiu (#)
1	esien	200	100	100	50	130	65		
	ant	200	100	300	150	160	80		
	issue	300	150	500	250	600	300		
	ovisional	200	100	0	250	000	0		
									mall Entity
Fee Description								Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25		
Hack	independen	t claim over 3 (incl	uding Reissues	i)				200	100
Multiple dependent claims								360	180
Total Claims Extra Claims		Fee (\$) Fee		Paid (\$) N		lultiple Depend	ent Claims		
x			× =			E	ee (\$)	Fee Paid (\$)	
HP	= highest numb	er of total claims paid fo	r, if greater than 20						_
Ind	ep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)				
l —			× =						
HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s).									
	Total Sheets	Extra Shee	ts Numb	per of each	additional 50 or fr	action there	of Fee (\$)	Fee P	aid (\$)
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
	Other (e.g., la	te filing surcharge)	1251 Exten	sion for re	sponse within	first month	١	12	0.00
SUBMITTED BY									
Signa	ture	16-177	11/#	28,781	Registration No (Attorney/Agent)	40,439	Telephone	(703) 205	-8035
Nam	e (Print/Type)	D. Richard Ande	M on	,,,,,		**	Date	October 2	0, 2006